



## AUTHORIZED REPRESENTATIVE FORM

An authorized representative is someone you choose to act on your behalf with Maryland Health Connection, like a family member or other trusted person. If you want to choose an authorized representative, submit this form by mail to: Maryland Health Connection, P.O. Box 857, Lanham, MD 20703. Do not complete Part I of this form if you are the applicant and the only person you wish to appoint is yourself.

<b>1 For Applicants/Recipients.</b> If you want an Authorized Representative, complete questions 1-18		
1. Name of Authorized Representative (First Name, Middle Name, Last Name)		
2. Street Address		3. Apartment or Suite Number
4. City	5. State	6. Zip Code
7. Phone Number		8. Organization Name (If Applicable)
9. Your Name		10. Your Phone Number
11. Your Street Address		12. Your Apartment or Suite Number
13. City	14. State	15. Zip Code
16. Your Maryland Health Connection Person ID# (if available)		
<b>By signing below, you allow the person named in question 1 to act for you on your behalf.</b>		
_____ 17. Signature		_____ 18. Date
<b>2 For Legal Representatives of Applicants:</b>		
If you are legally authorized to act on behalf of the applicant: 1. Complete this section by placing an "X" in the appropriate box below; 2. Fill out the questions above with the applicant's information; and 3. Submit proof (e.g. guardianship order or advance directive naming a health care agent) with this form.		
A. Responsible Adult (Parent, guardian, healthcare surrogate, attorney, or other individual as defined in COMAR 10.01.04.12.) <input type="checkbox"/>		B. Applicant's Power of Attorney <input type="checkbox"/>
<b>3 For Certified Application Counselors, Navigators, Agents, and Brokers only</b>		
Complete this section if you are a certified application counselor, navigator, agent, or broker who is filling out this form for somebody else.		
1. First Name, Middle Name, Last Name, & Suffix		
2. Organization Name		3. ID Number(if applicable)

If you ever want to change your Authorized Representative or have any questions, Call Maryland Health Connection at 1-855-642-8572 (Deaf and hard of hearing use Relay service).